

PREFACE

Health Care Excel, Incorporated, (HCE) is a private, not-for-profit corporation established for the purpose of providing clinically-based, objective, and independent monitoring of the quality, appropriateness, and medical necessity of health care services. Our goal is to improve health care processes and outcomes, as well as the health status of target populations. The mission of Health Care Excel is to promote the effective, efficient, and economical delivery of health care services of proper quality, and to make available professional resources and competence to evaluate, analyze, develop, and create information and data.

Health Care Excel, in its role as the Indiana Medical Policy and Review Services contractor, is responsible for the Medical Policy (MP), Prior Authorization (PA), and Surveillance and Utilization Review (SUR) business functions. The SUR Operations Procedures Manual has been developed to ensure the successful functioning of the Surveillance and Utilization Review department at Health Care Excel. The manual also may be used as a reference handbook for the Office of Medicaid Policy and Planning, the PA and MP departments, and other contractors and partners.

Our objective is to ensure that the Indiana Medical Policy and Review Services contract is managed effectively, coordinated with other stakeholders (the State, the provider community, and the Indiana Health Coverage Programs member community) and contractors, and provides excellent service to the State of Indiana. The Medical Policy and Review Services contract is subject to the oversight of the Office of Medicaid Policy and Planning, Indiana Family and Social Services Administration. The Indiana Family and Social Services Administration is the umbrella agency responsible for administering Indiana's public assistance programs.

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Restricted Card Program (RCP) Procedures

Procedures for the RCP can be found in the RCP Procedures Manual, a companion manual to the SUR Operations Procedures Manual

I. OVERVIEW

A. Indiana Health Coverage Programs and Medical Policy and Review Services Contractor Responsibilities

The Indiana Family and Social Services Administration is the umbrella agency responsible for administering Indiana's public assistance programs. The oversight of the Medical Policy and Review Services contract has been delegated to the Director of Program Operations, Office of Medicaid Policy and Planning.

We recognize the need to integrate and coordinate our three business functions of Medical Policy (MP), Prior Authorization (PA), and Surveillance and Utilization Review (SUR). Each business function complements the others. Medical Policy provides an important underpinning to the objectives of PA and SUR. The internal Operations Assessment Committee (OAC) will serve as an important mechanism to evaluate the overall responsiveness of the operations to achieve optimal performance through effective and timely communications and actions. The OAC is comprised of the senior management and Medical Director associated with the contract. Each department director will receive education and information on all business functions to facilitate cross-training objectives.

B. Objectives of Surveillance and Utilization Review (SUR)

The Surveillance and Utilization Review function provides profiles of health care delivery and utilization patterns of providers and members that are based on user-defined parameters and other guidelines. By analyzing and comparing providers and members to their peer groups, aberrant practices can be identified. Appropriate action is initiated to address the findings.

There are several objectives for the SUR business function. Health Care Excel will take a proactive approach to the following activities.

- Monitor utilization to identify potential misutilization of the Indiana Health Coverage Programs (IHCP).
- Investigate and take actions to correct misutilization of the IHCP by its individual participants.
- Identify abusive practices of providers and members.
- Identify utilization trends and patterns, and develop audits.
- Educate and, as necessary, sanction both members and providers found to have abused or misutilized services under IHCP.

- Develop statistical profiles of health care delivery and utilization patterns by providers and members in various categories of services.
- Identify concerns in the level of care or quality of covered services that are funded by the IHCP and make appropriate referrals.

HCE's definition of the customer and customer service has been stated in terms of our goals to serve the needs of the three primary stakeholders--the State, the provider community, and the IHCP members--from their perspective and not ours. SUR operations will assist in assuring that the State meets the needs of the IHCP members, complies with State and Federal mandates, and maintains the fiscal integrity of the program. For the provider community, our intent is to meet expectations in terms of scientific and sound medical policies; to conduct a timely and accountable prior authorization program, a fair and correct utilization review; and to take appropriate action to minimize fraud, abuse, and waste.

For the IHCP member community, meeting its needs means carrying out the three business functions, so that receipt of medical services and supplies is not bureaucratically impaired nor adversely affected more than is minimally necessary to carry out the Medical Policy and Review Services contract. The IHCP members shall be served with seamless, quality services delivered through Health Care Excel, in partnership with others serving the IHCP.

Success will be achieved only when we have instilled the desire and supported the ability of each employee to continually think of the customer and how they can best serve the customer through their daily duties and work products. Serving the customer is more than the achievement of numerical goals, although the numbers are indicators of performance. Needs must be met and expectations fulfilled.

The methodology for ensuring that our staff is delivering customer service will be through the establishment of monitoring protocols within the Medical Policy and Review Services daily operations, and information gleaned from many sources, including satisfaction surveys. For example, surveys conducted by Electronic Data Systems (EDS) or others will elicit opinions from any or all of the three stakeholder groups. Focus groups are another technique to determine issues and levels of program satisfaction. Internal monitoring spans a broad array of duties and will form the foundation for assessing customer satisfaction as follows.

1. State satisfaction can be assessed through feedback on contractor performance.
2. Provider satisfaction can be assessed through responsiveness to providers' issues and concerns, usefulness of written program materials and provider meetings, and the responsiveness and clarity of medical policy.

3. Member satisfaction can be assessed through feedback from surveys, complaints, and inquiries from external sources.

Customer service is not the responsibility of one individual or department, but is the result of all design, production, and management activities. Health Care Excel provides the highest level of customer service at all levels and all points of contact with the customers.

C. Medicaid Management Information System (MMIS) and Systems Support for SUR

The SUR business function uses a variety of IndianaAIM systems functions including:

- information from the provider tables;
- information from the member tables;
- information from the reference tables;
- information from the SUR and MARS Report Menus; and/or ad hoc reporting capabilities.

SUR is a subsystem of the MMIS designed by the Department of Health and Human Services to be further developed by vendors and individual states. MMIS is a model control system outlining the procedure and computer-processing operations for use by all states engaged in the Title XIX IHCP.

This model system was developed to help states meet their responsibilities under the law while effectively processing and controlling claims and providing state management with the information necessary for planning and control. The OMPP's long-range objectives for the MMIS are the efficient and effective administration of the Title XIX program and the control of program costs.

To assist the State of Indiana in meeting its long-term objectives, an Advanced Information Management system, IndianaAIM, was designed developed and implemented in January 1995. The IndianaAIM system provides Indiana with a state of the art and technologically advanced IHCP claims processing and payment system. The implementation of the SUR Retrospective Analysis Management System (RAMS II) coincided with the IndianaAIM system implementation in order to provide a more comprehensive and flexible utilization review and program management tool.

The purpose of the SUR RAMS II reporting system is to identify those providers and members who are potentially misusing procedure codes or services. Computerized reports, available through computer report to laser disk (CRLD),

profile individual provider's practices and member utilization, flagging and/or weighting areas in which individuals differ from their peers; rankings are produced which list the providers and members with the greatest degree of deviation. Using the individualized reports, the SUR Supervisor decides which of the ranked providers and members warrant full case development. If the case deserves full development, the reviewer extracts documentation to support preliminary conclusions and composes a written summary of that documentation and recommendations to the department for case development.

Systems support provided by IndianaAIM includes the following functions.

- Maintenance of a control file to hold the parameters that are used to define SUR reports.
- Maintenance of screens for input, output, and manipulation of data.
- The ability to export data to other systems.

IndianaAIM generates provider and member profiling reports to support SUR. The types of reports and data produced are listed below.

- Management summary reports by peer group.
 - Summary Matrix Item Totals
 - Frequency Distributions
 - Exception Request Item Totals, including norms, exception limits, and number of exceptions.
- Profile reports
 - Recipient (Member) Exception Profiles
 - Provider Exception Profiles
 - Recipient (Member) Summary Profiles (non-excepting)
 - Provider Summary Profiles (non-excepting)
- Supporting reports
 - Claim Detail Report
 - Special Reports
- Other reports
 - Control File Report
- Claim detail with multiple select and sort formats.

- Annual ranking by dollars for utilizing members and providers, by program, including listings of the top one hundred (100) for each category.
- Reports, as specified by the State, that identify services rendered by members who are receiving a specific service or drug, are enrolled in certain programs, have a certain living arrangement, or are receiving services from certain providers or provider groups.

The SUR department will contribute to research and analysis activities performed by the Medical Policy department through workloads associated with post-payment review claims analysis, audits, and analysis associated with the provider and member files. The levels of review are designed to flow logically from identification of providers and members with potential problems to initiation of actions for these problem areas to be corrected.

HCE utilizes DataProbe™ to access the MedStat data warehouse, supporting utilization analyzes from a “single source of truth” as this same data is utilized directly by OMPP.

D. Surveillance and Utilization Review Department

The Program Director for the Medical Policy and Review Services contract will oversee the Director of SUR. The SUR Director will work closely with the Program Director, the Medical Director, the Director of Prior Authorization, and the Director of Medical Policy to internally coordinate activities at Health Care Excel to achieve the objectives of the three business functions. Management staff will participate in weekly OAC meetings to discuss issues of mutual interest, formulate actions, and evaluate action plans. The OAC membership will also include the Executive Director Midwest and Specialized Contracts. This internal quality assurance and improvement function will promote fulfillment of contract responsibilities and responsiveness to the stakeholders.

There are several components that are shared among the SUR, PA, and MP departments. A few of these shared responsibilities have been listed on the following page.

Shared Department Responsibilities

- Coordinate State issues through the Program Director
- Coordinate EDS issues
- Coordinate relevant IndianaAIM and any subsystems issues
- Provide drafts of texts in a recommended format for printing and distribution of bulletins, banners, manuals, and newsletters by EDS
- Collaborate on the creation and maintenance of program manuals assigned to the Medical Policy contractor
- Collaborate on the creation and maintenance of program plans assigned to the Medical Policy contractor
- Participate in program meetings and coordinate actions
- Maintain optimal staffing and competency levels
- Participate in achieving the Quality Management objectives
- Participate in achieving the Customer Service objectives
- Participate in achieving the Annual Business Plan objectives
- Participate in fraud detection and prevention activities
- Participate in the evaluation and impact of changing medical practices
- Adhere to all data and record retention policies
- Adhere to documentation standards

E. Privacy Plan

All employees, consultants, and reviewers are subject to confidentiality standards and guidelines at Health Care Excel. Implementation of the Privacy Act under the Health Insurance Portability and Accountability Act (HIPAA) adds to the confidentiality requirements necessary for the SUR department. Under the provisions of covered entities, the SUR department is an extension to the IHCP and must adhere to the additional requirements of the Privacy Act.

The SUR department utilizes the IMPRS Privacy Manual, which outlines department operating policy compliance with the HIPAA Privacy Act. SUR developed three documents entitled SUR HIPAA Privacy Things to Do, SUR HIPAA Privacy Things to Know, and SUR HIPAA Privacy Scenarios. The documents were shared with staff prior to the April 2003 implementation of HIPAA privacy requirements to ensure staff's timely compliance. Examples of these tools are found in **Exhibits I – 1, I – 2, and I – 3**.

SUR Supervisory staff perform ongoing visual reviews of the SUR work areas to ensure appropriate handling of confidential materials. In addition, incoming calls to the SUR department are monitored concurrently to ensure that information provided in response to inquiries and in the process of supporting the RCP are handled in accordance with HIPAA privacy guidelines.

The SUR department frequently handles and accesses confidential and protected health information material. The SUR department implements several measures,

which in combination, provide for the security of the confidential material. (Additional security and confidentiality is outlined in the Facilities and Security Plan.)

- All employees, consultants, and reviewers will be subject to the provisions of the IMPRS Privacy Policy and Procedures Manual. After receiving education in privacy, each employee will be requested to sign indicating his or her understanding and compliance with the plan.
- The departmental entrances are labeled with restricted access. No unauthorized person is permitted beyond the restricted access areas without supervision from a Health Care Excel employee. All visitors and/or guests are required to sign-in on an attendance roster located in the lobby. All visitors and guests must be accompanied by an authorized Health Care Excel employee at all times when in the restricted areas.
- All employees must have a name badge visible to identify themselves as Health Care Excel employees.
- The SUR department accesses and maintains confidential material. Usernames and passwords are required to access this material. No employee is permitted to share his or her username or password with anyone else. Unattended computer terminals are to be secured from unauthorized access the system.
- The SUR department must access the IndianaAIM database, maintained by EDS, to process patient claims that suspend to Location 30 and 31 for review. Additional usernames and passwords are used to access this system. Passwords are changed every 30 days and/or as needed. No employee is permitted to share his or her username or password with anyone else.
- The SUR department frequently maintains and handles confidential paperwork that can include faxes and copies of protected health information (PHI). All confidential material will be maintained within the restricted or secured areas of Health Care Excel. Locked Confidential material will be concealed from plain view. Locked Confidential bins are available in each department for disposal and shredding of confidential paperwork and material. All confidential material will be in these labeled bins for proper disposal of protected health information. At no time will protected health information or confidential material be disposed of in the regular trash bins.

All breaches of confidentiality are to be reported to the Director of SUR, the Program Director, or alternative Director. Additional information regarding confidentiality and security is outlined in the Facilities and Security Plan, Quality Management Plan, and the Peer Review and Consultant handbook.

EXHIBIT I – 1
SUR HIPAA PRIVACY TO DO LIST

1. Print Quick HIPAA Guidelines Handout – located on SUR T drive.
2. Create screen saver password and set up screen saver activation for 5 minutes or less.
3. Add privacy statement to e-mail auto-signature.
NOTE – If an e-mail is sent that does not contain PHI, the sender is to remove the privacy statement. This procedure will assist in drawing attention to the presence and sensitivity of PHI in e-mails that are sent with the privacy statement.
4. Update fax cover sheets – discard all old fax sheets not containing confidentiality tag line.
5. Password protect voicemail.
6. Update all SUR templates.
 - RCP Notification to Providers (3)
 - Initial Notification (this may be sent later as Jenni is still working on it)
 - On-site Notification
 - Medical Record Request
 - A tag line will be sent to all staff to include in findings letters, response to statements of issues, and prepayment review monthly reports.
7. Remove all post-it notes, etc; containing password information posted in plain view.
8. Move inbox inside cubicle or office or place all information containing Protected Health Information (PHI) into the colored folder inside the staff inbox.
9. Review Table 2.1 – Protected Health Information (PHI) Inquiry Grid.

EXHIBIT I – 2
SUR HIPAA PRIVACY THINGS TO KNOW

1. Member calls: After receipt of the RID, HCE staff must verify at least two items of personal information, such as phone number, address, or birth date.
2. Parent of member calls: As long as HCE does not have confirmation or knowledge of court order limiting non-custodial parent access, release of information may occur after member verification process.
3. Staff must retrieve all printed information from pool printer within one hour of printing status. All staff must “double check” printer at the close of business each day.
4. A new SUR memo will be created containing information about who HCE is and the applicable CFR for HIPAA requirements to provide to members or providers questioning SUR authority to review/receive PHI.
5. All mail containing PHI must be in a sealed envelope. If this is not possible, reasonable measures must be taken to ensure privacy protection.
6. When completing an on-site audit, audit records and materials must be stored in a locked trunk. In the case of SUVs and minivans, it is acceptable to keep the records and materials in the back of the locked vehicle out of plain view.
7. For faxes containing PHI, staff must verify fax number and receipt of fax before and after provider or member fax.
8. Member PHI should not be included in the body of findings letters or response to statement of issues. All member PHI will be listed in the Excel® attachment.
9. Designated individuals, based on OMPP direction, will receive only a copy of SUR letters, without attachments containing PHI.
10. All original letters containing PHI will have a top sheet with the confidentiality statement.
11. If anyone asks you to disclose PHI and it is not part of your normal work, you should contact your supervisor and the supervisor can determine what should be done with the request.
12. The “minimum necessary requirement” also requires that safeguards are in place to keep people from accidentally seeing PHI they do not need. For example, do not leave papers that contain PHI lying around where non-HCE staff can see them as they walk by.

EXHIBIT I – 3
SUR HIPAA PRIVACY
SCENARIOS

1. **Situation:** Caseworker calls on member behalf to discuss Restricted Card Program (RCP), member is not present. Caseworker requests specific information and data that led to the restriction.

HCE Response: HCE would not be able to provide this information without the member present for verification purposes. If the member was present and requests that the caseworker help member interpret the information, HCE must verify member identification before release of information may occur.

2. **Situation:** Member calls and says that his or her doctor has documentation in the medical record that states he or she is a “drug seeker” and the member requests this be changed.

HCE Response: This member must be referred to the IHCP Privacy Office for further help.

3. **Situation:** Provider calls because a claim they’ve submitted has denied due to recipient lock-in. Provider asks to what providers the member is currently locked-in.

HCE Response: Staff should verify provider identification with provider ID. Staff would not reveal the providers to which the member is locked into; however, staff could verify information if the provider asks about a specific lock-in provider.

F. Consultants and Advisory Panels

Periodically there will be a need to involve health care associations, physicians, and other health care practitioners in the medical policy processes. The Medical Director will support the medical policy objectives through the establishment and building of relationships with the medical community. The participation of the medical community will be in an advisory role to the Medical Policy contractor.

The Medical Director of Health Care Excel will make the determination that there is an internal need for an advisory panel and request permission from OMPP to form a panel to consider the medical policy issue. If OMPP grants the request for an advisory panel, the Medical Director will coordinate and direct the event.

Health Care Excel will create, manage, and participate on advisory panels composed of members of the provider community. Advisory panels will be used to gather information, share opinions, and discuss medical policy issues in relation to current trend analysis, development of new medical policies, evaluation of current medical policy, and associated activities. A roster of medical policy consultants and associations, which could potentially serve in an advisory capacity to the Medical Policy contractor, will be maintained through the office of the Medical Director for Health Care Excel.

The SUR Director and Medical Director will work with the State to confirm the State's expectations and requirements for the panels and identify potential panel members. A representative from EDS, as the Fiscal Agent, also shall be designated to attend the advisory panel meetings. The advisory panel shall provide input to support the SUR Audit Contractor Coordination meetings.

G. Companion Manuals and Plans

There are a broad array of manuals and plans that should be used in conjunction with the SUR operations procedures, a few of which have been listed below. The list is not intended to be all-inclusive. The content of these manuals has not been duplicated in the SUR Operations Procedures Manual. **(Refer to Exhibit I – 4.)**

- IndianaAIM manuals
- Indiana Health Coverage Programs plans, manuals, and reports
- Hoosier Healthwise Managed Care program manuals
- EDS operations procedures manuals and plans
- Facilities and Security Plan
- Medical Policy Manual
- PA Operations Procedures Manual
- MP Operations Procedures Manual
- Customer Service and Annual Business Plan

- Quality Management Plan
- Turnover Plan
- Privacy Policy and Procedure Manual

The SUR department may also use the information in Indiana law, Federal laws, Health Care Excel corporate policy manuals, and correspondence to the provider community from the State.

H. Provider Member Concerns Line

SUR dedicated toll-free telephone lines are maintained and staffed with qualified personnel to ensure that 95% of all calls are answered on or before the fourth ring. SUR will allow no more than 50% of incoming calls to ring busy, with a live person answering 95% of all calls within two minutes and hold time not exceeding two minutes. Call length is sufficient to ensure adequate information is imparted to the caller. SUR phone lines will be staffed 8:00 a.m. to 5:00 p.m., local time, Monday through Friday, exceeding State holidays.

EXHIBIT I – 4 COMMON MANUALS AND PLANS

1. **Coordination Plan** – A plan describing the coordination necessary between HCE, EDS, and the State. The plan includes coordination of all data, documentation, and pertinent business functions.
2. **Customer Service and Annual Business Plan** – An interactive and flexible working document that details business improvement objectives for the upcoming year and the methodology for performing activities and meeting objectives. This plan also includes information about requirements and processes for maintaining and improving customer service.
3. **EDS Operations Procedures, Manuals, and Plans** – Manuals, procedures, and plans containing information about work plans, transition, scheduling, database system, transfer and testing, operations and business activities, quality management, and customer service.
4. **Facilities and Security Plan** – A plan containing information about the physical components of the working environment, including location of the facilities, conference rooms, State office requirements, fax machines, copiers, telephone systems, electronic mail, data network and connections, employee safety, and workflow information. This plan also includes both the physical [building(s)] and database security procedures, including any off-site storage facilities, physical access, and database access (both network and IndianaAIM). This plan includes procedures regarding visitor and vendor access in order to promote confidentiality of information, and procedures for recovery of business operation functions in the event of a catastrophe.
5. **Hoosier Healthwise Managed Care Program Manuals** – Manuals containing information about the organization of the Hoosier Healthwise Managed Care Program, coverage and eligibility of program members and the provisions, program, personnel administration, and financial administration.
6. **IndianaAIM Manuals** – Manuals which explain the use of the Indiana Advanced Information Management System, a computer database used to process and adjudicate Indiana Health Coverage Programs claims.
7. **Medical Policy Manual** – A manual containing Medical Policies for the Indiana Health Coverage Programs. The manual has information about covered services and limitations related to the services.

EXHIBIT I – 4
COMMON MANUALS AND PLANS (Continued)

8. **PA Operations Procedures Manual** – A manual that contains information about the organizational structure, staffing, and responsibilities of the Prior Authorization (PA) department. It includes procedures, reporting information, sample forms and letters, and quality management information.
9. **Quality Management Plan** – A plan with information about training and remedial training of staff, education for consultants and advisory panels, and performance measurement tracking and procedures, and reporting in relation to quality of service. It includes training of employees in general office functions and in more specific functions relating to the individual job responsibilities within the organization.
10. **Indiana Health Coverage Programs plans, manuals, and reports** – Manuals and plans containing information about the organization of the State Medicaid Agency, coverage and eligibility of program members, general provisions, general program, personnel administration, and financial administration.
11. **MP Operations Procedures Manual** – A manual that contains information about the organizational structure, staffing and responsibilities of the Medical Policy (MP) department. It includes the policy review and development procedures, reports, sample forms and letters, and quality management information.
12. **Turnover Plan** – A plan containing information to ensure that the new contractor and/or the State obtains all of the reference documents, database material, reports, and manuals from the previous contractor, so that customer service is not interrupted or delayed.
13. **Privacy Policy and Procedure Manual** – A manual that contains information about the HCE Indiana Medicaid Policy and Review Services policies concerning how to safeguard the privacy of protected health information under the Health Insurance Portability and Accountability Act (HIPAA).